



Application for Reinstatement of Retirement

Purpose of the Form

- Use this form to reinstate your retirement status.

Instructions

- Complete the form and send it to PERSI.

| Member Information | | | | | |
|---|---------------------------|--|--|-----------------------------------|--|
| Name (as it appears on your Social Security card) First Middle Last | | | | Social Security Number | |
| Mailing Address | Street or P.O. Box | | | | |
| | City | | State | Zip Code | |
| Daytime Phone Number Area Code Phone Number | | | Date of Birth Month Day Year | | |
| Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married | | | | | |
| Name of My Most Recent PERSI Employer | | | | | |
| Date of My Most Recent Termination from Employment Month Day Year | | | | | |

| Member Certification | |
|--|-------------|
| I apply for reinstatement of my retirement eligibility as provided by Idaho Code §59-1356. | |
| Signature | Date |

